

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003696

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1111

STATE FILE NUMBER

FILED FEB 8 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

ALEXIAN BROS HOSP.

Length of stay in 1b

Inside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

MO.

c. CITY
OR
TOWN

ST. LOUIS

d. STREET
ADDRESS

4009 RANDALL

Inside Limits
Yes ☐ No ☐Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

ROBERT

KAYSER

4. DATE
OF
DEATH

JAN.

31

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

AUG 16 1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHIPPING CLERK

10b. KIND OF BUSINESS OR INDUSTRY

WITTE HARDWARE CO.

11. BIRTHPLACE (City and state or country)

MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ROBERT KAYSER

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

ELIZABETH KAYSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

61 ELIZABETH KAYSER 4009 RANDALL

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs +

Conditions, if any,
which gave rise to
above cause (e),
stating the under-
lying cause last.

DUE TO (b)

Diabetes mellitus +

5 yrs +

DUE TO (c)

Acute urinary retention

5 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

260x

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from January 26-63 to January 30-63 her last saw him alive on January 30-63
Death occurred at 2 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Gaspard Montmarquet MD

22b. ADDRESS

9279 Botetown Rd

22c. DATE SIGNED

2-2-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

2/2/63

23c. NAME OF CEMETERY OR CREMATORY

St. PETER & PAUL

23d. LOCATION (City, town, or county)

ST. LOUIS MO.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Kuter 2906 Grand

25. DATE RECD. BY LOCAL REG.

FEB 2 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1

2 2159

3

4 0

5 1

6

7 0

8 2

9

10

11

12 50-0

13

50

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

if embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

BATAAN

(OVERLAND) E + W 9200-9300

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